



School of Rock
AUDITION FORM

9419 Battle Street
MANASSAS, VA 20108-0562
(703) 330-2787
Kimberly@virginiaartfactory.org

Name _____ Preferred Pronouns _____

School _____

Parent/Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Parent's e-mail address _____

Birth Date _____ Age _____ School Grade _____ School _____ Height _____

Will you accept a chorus role? (Circle one) YES or NO Circle one: S A T B

Is there a particular role you are interested in? YES or NO If yes, please list: _____

T-Shirt Size (allow for shrinkage) (Circle one) Youth: S M L Adult: S M L XL XXL

Please describe any physical or medical problems (or old injuries) which might limit your range of movement. Your answer will determine how your role is choreographed, NOT how you are cast.

PREVIOUS EXPERIENCE PERFORMING FOR AUDIENCES (solo or in ensemble) -- Please list any staged drama or dance in which you have participated or attach resume and headshot. Use back of sheet if you need more space.

PERFORMING ARTS TRAINING (indicate number of years where appropriate)

Drama classes/workshops _____ Chorus/Choir _____ Voice _____

Instrumental _____ Dance (indicate style) _____

Can you juggle? _____

Can you perform magic? _____

Any other tricks? _____

OTHER INTERESTS: physical activities (sports, etc.) _____,

arts, leisure, clubs _____

favorite school subjects _____



